SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF MENDOCINO

AMENDED

In Re:

COURT APPEARANCES VIA

VIDEO DUE TO COVID RESTRICTIONS

	STANDING ORDER 2020-05
WHEREAS, the Covid-19 public health pandemic has delivery systems in the trial courts throughout California	2 1
WHEREAS, some individuals are in a high-risk categor quarantined or currently have COVID;	ry for contracting COVID, are
WHEREAS, remote appearance strategies are often a prappearances, given the risks of virus transmission;	referred approach to in-person court
WHEREAS, the Court has developed a protocol for vid defendants, witnesses and others as an alternative to in-	**
NOW, THEREFORE, the Superior Court of California,	County of Mendocino, hereby orders:
Unless otherwise ordered to appear in person, parties, de hearings using the Court's video technology. The requestapproved by the judicial officer. The requesting party of Request for Video Appearance Due to COVID Restriction	est for video appearance must be or party's counsel must submit a
Request for video Appearance Due to COVID Restrict	ions (Form #iviivic=320), at least five

The court shall set up the video appearance and will notify the requestor and the appearing parties. The court will email a hyperlink of the video appearance to the appearing parties, with instructions on how to connect to the video appearance. The requestor shall notify Court Administration as soon as possible at (707) 463-4664 or at court.administration@mendocino.courts.ca.gov if the video appearance is postponed or canceled.

(5) business days prior to the appearance date, to Court Administration in Room 303 at the Ukiah courthouse or the public counter in the Ten Mile courthouse or via fax at (707) 468-

3459, or via email at court.administration@mendocino.courts.ca.gov.

This star	iding order shall e	xpire on Decen	nber 31, 2020,
Dated: _	9/11	12020	
			Min Mo-
			ANN C. MOORMAN
			Presiding Judge of the Superior Court

АТТО	RNEY OR PARTY WITHOUT ATTORNEY (Name, St	ate Bar Number and Address)	For Court Use Only
TELE	PHONE NO.: FA	AX NO. (Optional):	
E-MA	L ADDRESS (Optional):		
ATTO	RNEY FOR (Name):		
SUF	PERIOR COURT OF CALIFORNIA	A, COUNTY OF MENDOCINO	
	JKIAH Courthouse 100 North State Street Jkiah, CA 95482	☐ TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
PET	TIONER/PLAINTIFF:		CASE NUMBER:
RES	PONDENT/DEFENDANT:		
	REQUEST FOR VID	EO APPEARANCE	HEARING DATE:
	DUE TO COVID F (Notice must be filed with the court at least		TIME: DEPT.
1.	, (name):		
i	am the □ petitioner/planitiff □ respon	dent/defendant 🛘	
2. I	ask the court to allow $\ \square$ me $\ \square$ my with	ness(es) to appear by video on the schedule	ed court date listed above.
3.	have the following type of court hearing: I	☐ Evidentiary Hearing ☐ Court Trial ☐	Review
(on the following issues:		
4 . I	would like the court to consider the follow	ing information in making its decision wheth	er to allow a video appearance (check all
1	hat apply):		
;	a. 🛮 I, or my witness, is in a high-risk ca	tegory for contracting COVID, is quarantine	d or currently has COVID.
ı	o. \square I, or my witness, is incarcerated or	confined in (specifiy):	
(c. 🛘 Other:		
5. I	am responsible for submitting copy of this	s signed order and attached Video Appearar	nce Information Sheet at least five (5)
		e to Court Administration in Room 303 at the	· • • • • • • • • • • • • • • • • • • •
1	he Ten Mile Courthouse, via fax to (707) 4	68-3459 or via email to court.administration	@mendocino.courts.ca.gov.
l dec	are, under penalty of periury under the lay	vs of the State of California that the foregoin	g is true and correct
1 400	iare, ander periary or perjary arraor are las		g to that and control.
Date		Annico de Carlos	
(TYPE	OR PRINT NAME)	(SIGNATURE)	-
		IT IS SO ORDERED	
Doto	d·		
Dale	d:		
		Judge of the S	uperior Court

Superior Court of California, County of Mendocino

VIDEO APPEARANCE INFORMATION SHEET

This form must be completed IN FULL for ZOOM/Video appearances to be scheduled. Form must be submitted at least five (5) business days before appearance date.

Today's Date:

Email:		Telephone:	
Please include the full nam	e and email address for	all of the individuals who w	vill appear via video:
Full Name:	Type (witness, defendant, etc.)	Email Address:	
			The state of the s
The newty receive	sting the video ennece	mamaa ahall ma 4:£ , aassu4	- A
		rance shall notify court is postponed or cancelled	
For Court Use Only Request Received By:			Date:
Assigned to IT Support:			Date:
Zoom Meeting Set Up Comp	pleted by:		Date:
Meeting Information Forwar Parties and Requestor Notifi			Date:
Cancellation Notification			Date:

Requestor Name: